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CONFIRMATION NO. 1279

SERIAL NUMBER 10/621,243	FILING DATE 07/15/2003 RULE	CLASS 128	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 20000018.REI
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APPLICANTS

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OK M.B.
 ** CONTINUING DATA *****

This application is a REI of 09/522,486 03/10/2000 PAT 6,311,689

None M.B.
 ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	5	14	2
Verified and Acknowledged	<u>M.B.</u> Examiner's Signature <u>M.B.</u> Initials				

ADDRESS

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TITLE

Female incontinence prevention device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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